FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39791

(5)

VISIONS CONSTRUCTION CORP.

7280 W PALMETTO PARK ROAD

BOCA RATON FL 33433

SUITE 305N

FILED								
Jan 30 1997	8:00am							
Secretary of	of State							

Zip Code

A KUNATURA DANGA KURKA KARITA KUNDIA MURUKA MERAN MERAN DANGKA MURUK MENDA DANGKA MUNUK MANAK MENDA MUNUK MUNUK

Principal Place	of Business	Mailing Address	<u> </u>		i ibilesia namb salah talah dhaba dalah dalah da	BIOTO BODEL OFBES MENTE DERIVE ASSET 1801		
7280 W PALMETTO PARK RD. SUITE 305N BOCA RATON FL 33433		7280 W PALMET SUITE 305N BOCA RATON FI						
					 Date Incorporated or Qualified 10/28/1986 	3a. Date of Last Report 01/31/1996		
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For		
1		26			59-2737160	Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt #	, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zıp 29	30	untry	8, This corporation has liability for I Florida Statutes	intangible tax under s. 199.032, Yes □ No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent		
WALE	MAN, ANA MARIA ROIG			81 Name				

Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

ago. ii. i a						
SIGNATURE	Signative typed or printed name of registered agent and title if applicable	(NOTE: Fle	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	WALDMAN, ANA MARIA ROIG		1.2 NAME			
STREET ADDRESS	7280 W PALMETTO PARK ROAD SUITE 305N		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY+ST-ZIP			
TITLE	Vî	DELETE	2 1 TITLE		☐ Change	Addition
NAME	WALDMAN, ANDREW C.		2.2 NAME			
STREET ADDRESS	7280 W PALMETTO PARK ROAD SUITE 305N		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY - ST - ZIP			
TITLE		DELETE	31 TITLE		Change	☐ Addition
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 T(TLE	··· ·	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	·		
STREET ADDRESS			6.3 STREFT ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(561)361-9500 No Color Francisco Francisco Por Proces Portreto